

**DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT**

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **COMPOSITIONS AND METHODS FOR IMPROVING CURD YIELD OF COAGULATED MILK PRODUCTS**, the specification of which [check one(s) applicable]

  X   was filed May 10, 1999 as International Patent Application Serial No. PCT/US99/10208, on which U.S. National Stage Application Serial No. 09/700,226 is based; and/or  
       was amended by Amendment filed        (if applicable); and/or  
       is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

**POWER OF ATTORNEY:** As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

**SEND CORRESPONDENCE TO:** **CUSTOMER NUMBER 000110**

**DIRECT INQUIRIES TO:** **Telephone: (215) 563-4100**  
**Facsimile: (215) 563-4044**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SOLE OR FIRST JOINT INVENTOR**

**SECOND JOINT INVENTOR (IF ANY)**

Full Name Michael K. Weibel  
First Middle Last

Full Name \_\_\_\_\_  
First Middle Last

Signature Michael K. Weibel

Signature \_\_\_\_\_

Date 12-22-00

Date \_\_\_\_\_

Residence Redding CT USA  
City State or Country

Residence \_\_\_\_\_  
City State or Country

Citizenship USA

Citizenship \_\_\_\_\_

Post Office Address:

Post Office Address:

120 GALLOW'S HILL RD  
Street Address

Street Address \_\_\_\_\_

REDDING, CT USA 06896  
City State or Country Zip Code

City State or Country Zip Code